



Alameda Recreation and Park Department
510-747-7529

water safety instructor

(For Ages 16 Years and Older)

This course will train individuals to teach the American Red Cross Swimming Courses. Future instructors will learn how to use course materials, develop lesson plans, conduct classes, evaluate students, and complete course records. Participants must be 16 years old by the last day of class, and pass a swimming and water safety skills test.

ATTENDANCE IS REQUIRED AT THE PRECOURSE AND ALL CLASSES.
TO BE CONSIDERED FOR CERTIFICATION!

Be prepared to swim each day.



Class #10791

Fee: \$235

Emma Hood Swim Center, Alameda High School
Encinal Swim Center, Encinal High School

(2256 Alameda Avenue, Alameda Ave. @ Oak St.)
(230 Central Avenue, entrance on 3rd Street)

PRECOURSE:	March 5, 2012	7:00 - 8:00 p.m.	Encinal
COURSE:	March 11, 18, 25, April 1	11:00 a.m. - 5:00 p.m.	Emma Hood
	April 14, 21, 28, May 5 & 12	11:00 a.m. - 5:00 p.m.	Encinal

Please detach and return with payment to: **Alameda Recreation and Park Department, 2226 Santa Clara Avenue, Alameda, CA 94501.**
FAX registrations accepted with MasterCard or VISA: (510) 523-4071. Online registration is available at www.arpdeplay.com
ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available.

Participant's Name - Last	First	Complete if under 18 years				M/F	Program/Class Title	Fee	Class #
		Grade	Age	Birthdate					
									10791
									10791
									10791
									10791
RECREATION SCHOLARSHIP FUND DONATION - WRITE IN DONATION AMOUNT									
Adult's Name _____						Home Phone _____			
Address _____						Day Phone _____			
City _____ Zip _____						Cell # _____ Pager # _____			
<input type="checkbox"/> MasterCard		<input type="checkbox"/> VISA		Card Number _____		Exp Date _____			
<input type="checkbox"/> Check		<input type="checkbox"/> Cash		Cardholder Name _____					
MEDICAL RELEASE: I do hereby give permission for any certified emergency professional to administer any type of medical treatment he/she deems necessary to the above child(ren) in case of an emergency and in the event that I cannot be contacted.									
Parent/Guardian's Signature _____						Date _____			
Doctor's Name _____						Address _____		Phone _____	
Insurance Carrier _____						Policy # _____			
Allergies, Medication, Existing Medical Condition _____									
Emergency Contact Person _____						Relationship _____		Phone _____	
THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:									
1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claims or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property or the City of Alameda, its directors, officers, employees, agents, and independent contractors.									
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.									
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.									
THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.									
SIGNATURE (Parent/Guardian if under 18) _____						DATE _____			